

## **Submit Negative Report**

**The following information was submitted**

**Facility:** Santa Ana PD (CA0301900)

**Year:** 2013

**Month:** January

**Submitted By:** Det. Leo Rodriguez #2408

**Phone Number:** (714)245-8349

## **Submit Negative Report**

**The following information was submitted**

**Facility:** Santa Ana PD (CA0301900)

**Year:** 2013

**Month:** February

**Submitted By:** Det. Leo Rodriguez #2408

**Phone Number:** (714)245-8349

## **Submit Negative Report**

**The following information was submitted**

**Facility:** Santa Ana PD (CA0301900)

**Year:** 2013

**Month:** March

**Submitted By:** Det. Leo Rodriguez #2408

**Phone Number:** (714)245-8349

## **Submit Negative Report**

**The following information was submitted**

**Facility:** Santa Ana PD (CA0301900)

**Year:** 2013

**Month:** April

**Submitted By:** Det. Leo Rodriguez #2408

**Phone Number:** (714)245-8349

## **Submit Negative Report**

**The following information was submitted**

**Facility:** Santa Ana PD (CA0301900)

**Year:** 2013

**Month:** May

**Submitted By:** Det. Leo Rodriguez #2408

**Phone Number:** (714)245-8349

## **Submit Negative Report**

**The following information was submitted**

**Facility:** Santa Ana PD (CA0301900)

**Year:** 2013

**Month:** June

**Submitted By:** Det. Leo Rodriguez #2408

**Phone Number:** (714)245-8349

## **Submit Negative Report**

**The following information was submitted**

**Facility:** Santa Ana PD (CA0301900)

**Year:** 2013

**Month:** July

**Submitted By:** Det. Leo Rodriguez #2408

**Phone Number:** (714)245-8349

## **Submit Negative Report**

**The following information was submitted**

**Facility:** Santa Ana PD (CA0301900)

**Year:** 2013

**Month:** August

**Submitted By:** Det. Leo Rodriguez #2408

**Phone Number:** (714)245-8349



## HATE CRIME EVENT REPORT

PLEASE RETURN COMPLETED FORM TO:

California Department of Justice  
Criminal Justice Statistics Center  
P.O. Box 903427  
Sacramento, CA 94203-4270  
Or facsimile (916) 227-3561

### 1. HATE CRIME EVENT INFORMATION

Agency Name: Santa Ana Police Department ORI: CA0301900  
Preparer's Name: Det. Leo Rodriguez #2408 Phone Number: (714) 245-8349  
Crime Case Number: 13-25391  
Occurrence Date: 09-10-13 Time: 1700 hrs.

### 2. TYPE OF OFFENSIVE ACT (select one)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Annoying Telephone Calls/Facsimiles | <input type="checkbox"/> Disturbing Public Assembly/Meeting | <input type="checkbox"/> Threatening Letters/Fliers/E-Mails       |
| <input type="checkbox"/> Bombing                             | <input type="checkbox"/> Explosion                          | <input type="checkbox"/> Verbal Slurs                             |
| <input type="checkbox"/> Cross Burning                       | <input type="checkbox"/> Graffiti                           | <input checked="" type="checkbox"/> Other: Specify <u>Battery</u> |
| <input type="checkbox"/> Damage to Vehicle                   | <input type="checkbox"/> Hanging in Effigy                  | <input type="checkbox"/> Unknown                                  |
| <input type="checkbox"/> Daubing of Swastika                 | <input type="checkbox"/> Rock Throwing                      |   |

### 3. WEAPON TYPE (select one if a weapon was involved)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Arson, Fire                                | <input type="checkbox"/> Other Gun (pellet, BB gun, stun gun, etc.)             | <input type="checkbox"/> Shotgun                     |
| <input type="checkbox"/> Blunt Object (bludgeon, club, etc.)        | <input checked="" type="checkbox"/> Personal Weapons (hands, feet, teeth, etc.) | <input type="checkbox"/> Vehicle                     |
| <input type="checkbox"/> Firearm (unknown type)                     | <input type="checkbox"/> Poison   | <input type="checkbox"/> Other (bottle, rocks, etc.) |
| <input type="checkbox"/> Handgun                                    | <input type="checkbox"/> Rifle  | <input type="checkbox"/> Unknown                     |
| <input type="checkbox"/> Knife or Other Cutting/Stabbing Instrument | <input type="checkbox"/> Ropes/Garrote Strangulation/Hanging                    |  |

### 4. LOCATION (select one)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Abandoned/Condemned Structure         | <input type="checkbox"/> Department/Discount Store                    | <input type="checkbox"/> Parking Lot/Garage/Drop Lot     |
| <input type="checkbox"/> Air/Bus/Train Terminal                | <input type="checkbox"/> Dock/Wharf/Freight/Modal Terminal            | <input type="checkbox"/> Park/Playground                 |
| <input type="checkbox"/> Amusement Park                        | <input type="checkbox"/> Drug Store/Doctor's Office/Hospital          | <input type="checkbox"/> Rental Storage Facility         |
| <input type="checkbox"/> Arena/Stadium/Fairgrounds/Coliseum    | <input type="checkbox"/> Farm Facility                                | <input type="checkbox"/> Residence/Home/Driveway         |
| <input type="checkbox"/> ATM Separate from Bank                | <input type="checkbox"/> Field/Woods                                  | <input type="checkbox"/> Rest Area                       |
| <input type="checkbox"/> Auto Dealership New/Used              | <input type="checkbox"/> Gambling Facility/Casino/Race Track          | <input type="checkbox"/> Restaurant                      |
| <input type="checkbox"/> Bank/Savings Loan                     | <input type="checkbox"/> Government/Public Building                   | <input type="checkbox"/> School - College/University     |
| <input type="checkbox"/> Bar/Night Club                        | <input type="checkbox"/> Grocery/Supermarket                          | <input type="checkbox"/> School - Elementary/Secondary   |
| <input type="checkbox"/> Camp/Campground                       | <input type="checkbox"/> Highway/Road/Alley/Street/Sidewalk           | <input checked="" type="checkbox"/> Service/Gas Station  |
| <input type="checkbox"/> Church/Synagogue/Temple/Center/Mosque | <input type="checkbox"/> Hotel/Motel, etc.                            | <input type="checkbox"/> Shelter - Mission/Homeless      |
| <input type="checkbox"/> Commercial/Office Building/Theater    | <input type="checkbox"/> Industrial Site                              | <input type="checkbox"/> Shopping Mall                   |
| <input type="checkbox"/> Construction Site                     | <input type="checkbox"/> Jail/Prison/Penitentiary/Correction Facility | <input type="checkbox"/> Specialty Store (TV, fur, etc.) |
| <input type="checkbox"/> Convenience Store                     | <input type="checkbox"/> Lake/Waterway/Beach                          | <input type="checkbox"/> Tribal Lands                    |
| <input type="checkbox"/> Daycare Facility                      | <input type="checkbox"/> Liquor Store                                 | <input type="checkbox"/> Other/Unknown                   |
|  | <input type="checkbox"/> Military Installation                        |  |

5. TOTAL NUMBER OF VICTIMS (Person, Business, etc.)

00001



## HATE CRIME EVENT REPORT

Agency Name: Santa Ana Police Department		Crime Case # 13-25391		ORI: CAO301900	
<b>6. TYPE OF CRIME</b> (enter most serious offense first)					
UCR Code	Statute Code Section*	Bias Motivation(s)** (5 total, 1 per UCR Code)	No. of Victims	No. of Victims by Assoc.	Victim Type
#1 09	CPC 422.6	41	1		I Stranger
#2					
#3					
#4					
#5					
UCR CODES			VICTIM TYPE CODES		
01 Murder	05 Burglary	09 Simple Assault	B - Business	I - Person	
02 Forcible Rape	06 Larceny - Theft	10 Intimidation	F - Financial Institution	R - Religious Organization	
03 Robbery	07 Motor Vehicle Theft	11 Destruction/Damage/Vandalism	G - Government	O - Other	
04 Aggravated Assault	08 Arson				
BIAS MOTIVATION					
Race/Ethnicity/National Origin		Religious	Sexual Orientation	Gender	
11 Anti-White	21 Anti-Jewish	41 Anti-Male Homosexual (Gay)	62 Anti-Male		
12 Anti-Black	22 Anti-Catholic	42 Anti-Female Homosexual (Lesbian)	63 Anti-Female		
13 Anti-American Indian/Alaskan Native	23 Anti-Protestant	43 Anti-Homosexual (Gay & Lesbian)	64 Anti-Transgender		
14 Anti-Asian/Pacific Islander	24 Anti-Islamic (Muslim)	44 Anti-Heterosexual			
15 Anti-Multiple Races, Group	25 Anti-Other Religion	45 Anti-Bisexual			
31 Anti-Arab	26 Anti-Multiple Religious Groups				
32 Anti-Hispanic	27 Anti-Atheism/Agnosticism/etc.				
33 Anti-Other Ethnicity/National Origin					
99 Anti-Citizenship Status					
VICTIM/SUSPECT RELATIONSHIP					
If Victim Type Is I - Person, select from the following Victim/Suspect Relationship Codes:					
Acquaintance	Friend	Is Employee	Stranger	School/Classmate	
Boyfriend/Ex-Boyfriend	Girlfriend/Ex-Girlfriend	Is Employer	Neighbor	Wife/Ex-Wife	
Child	Homosexual Relationship	Known to Victim	Parent	Unknown	
Family Member	Husband/Ex-Husband	Knows Victim			
If Victim Type is B - Business, F - Financial, or G - Government, select from the following Victim/Suspect Relationship Codes:					
Currently Employs	Has Customer	No Known Relationship To			
Formerly Employed	Is Employer	Owned By			
If Victim Type is O - Other or R - Religious Organization, select from the following Victim/Suspect Relationship Codes:					
Associated	Has Gang Member	Does Not Know			
<b>7. PERSON VICTIM TYPE</b> (complete this section only if the victim type is "I - Person")					
Total Number of Person Victims: 1					
Race	Gender			DOB (MM/DD/YYYY)	RACE CODES
#1 Hispanic	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Unknown	10-20-1982	A - Other Asian      L - Laotian B - Black      O - Other C - Chinese      P - Pacific Islander D - Cambodian      S - Samoan F - Filipino      U - Hawaiian G - Guamanian      V - Vietnamese H - Hispanic      W - White I - American Indian      Z - Asian Indian J - Japanese      X - Unknown K - Korean
#2	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Unknown		
#3	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Unknown		
#4	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Unknown		
#5	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Unknown		
<b>8. SUSPECT INFORMATION</b>					
Suspect's Race as a Group (select one):					
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Black	<input checked="" type="checkbox"/> Hispanic	<input type="checkbox"/> White		
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> East Indian/Asian Indian	<input type="checkbox"/> Multiple Races Group	<input type="checkbox"/> Unknown		
Total Number of Suspects: 1					
Race	Gender			DOB (MM/DD/YYYY)	
#1 Hispanic	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Unknown	Unknown	
#2	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Unknown		
#3	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Unknown		
#4	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Unknown		
#5	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Unknown		

## **Submit Negative Report**

**The following information was submitted**

**Facility:** Santa Ana PD (CA0301900)

**Year:** 2013

**Month:** October

**Submitted By:** Det. Leo Rodriguez #2408

**Phone Number:** (714)245-8349

## **Submit Negative Report**

**The following information was submitted**

**Facility:** Santa Ana PD (CA0301900)

**Year:** 2013

**Month:** November

**Submitted By:** Det. Leo Rodriguez #2408

**Phone Number:** (714)245-8349

## **Submit Negative Report**

**The following information was submitted**

**Facility:** Santa Ana PD (CA0301900)

**Year:** 2013

**Month:** December

**Submitted By:** Det. Leo Rodriguez #2408

**Phone Number:** (714)245-8349